

MONTANA BOARD OF DENTISTRY
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406 841-2390) FAX (406) 841-2305
E-MAIL: dlibs@mt.gov WEBSITE: dentistry.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

DENTAL HYGIENISTS ARE NOT PERMITTED TO PRACTICE DENTAL HYGIENE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS:

1. LICENSURE BY EXAMINATION:

- Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental Hygiene School (CODA)
- Applicant shall have passed the National Board examination
- Applicant shall have passed the Western Regional (WREB) clinical examination within the last 5 years or;
- Applicant shall have passed the Central Regional Dental Testing Service (CRDTS) clinical examination on or after January 1, 2000. Valid for five years from passage
- Applicant shall pass a Montana Jurisprudence examination
- Applicant shall possess a current CPR certification
- Applicant does not need any previous experience

2. LICENSURE BY CREDENTIALING:

- Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental Hygiene School (CODA)
- Applicant shall have passed the National Board Dental Examination
- Applicant shall have successfully passed a clinical examination for initial licensure
- Applicant shall pass a Montana Jurisprudence examination
- Applicant shall possess a current CPR certification
- Applicant shall verify dental hygiene practice continuously for a minimum of 500 hours during the one year immediately prior to application

3. VOLUNTEER LICENSE:

- Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental Hygiene School (CODA)
- Applicant shall have passed the National Board Dental Examination
- Applicant must have practiced within the last five years or;
 - Passed a Board approved regional or state examination within the last five years or;
 - Completed a Board approved clinical competency course or skills assessment analysis
- Applicant shall verify licensure in good standing for at least ten years in Montana, another state or jurisdiction, Canada or the United States Armed Forces
- Applicant shall be retired
- Applicant shall possess a current CPR certification

4. LIMITED ACCESS PERMIT:

- Applicant shall have an active, unrestricted Montana dental hygiene license (may apply for a permit when applying for a dental hygiene license)
- Applicant shall certify that they have practiced either:
 - 2,400 clinical hours over the last three years or;
 - a career total of 3,000 hours, with a minimum of 350 hours in each of the last two years
- Applicant shall have current liability insurance
- Applicant shall have 12 additional continuing education credits for the three-year cycle immediately preceding application for the Limited Access Permit
- Applicant shall submit a \$50.00 fee

5. LOCAL ANESTHESIA PERMIT:

- All applicants applying for a local anesthesia permit shall have passed the Western Regional Examination Board (WREB) local anesthetic examination
- Applicant shall possess a current CPR card
- Applicant shall either be applying for a Montana license or already be licensed in Montana
- Applicant shall submit a \$20.00 fee
- Applicants applying for a local anesthesia permit by credentialing shall be required to meeting the following:
 - ✓ Successful completion of a local anesthetic agent course given by a CODA accredited dental hygiene school.
 - ✓ Verification that the applicant has practiced administration of local anesthetic agents within the last five years

FEES:	\$ 100.00	Application Fee (Examination and Credentialing)
	\$ 85.00	Jurisprudence Examination Fee
	\$ 75.00	Credentialing Fee
	\$ 5.00	Volunteer Application fee
	\$ 50.00	Limited Access Permit
	\$ 20.00	Local Anesthesia Permit

****Make check or money order payable to the Montana Board of DENTISTRY
(Fees can be combined into one check)**

PHOTOS: Photo should be placed in the top right hand corner (Passport size is preferable)

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" **copies** of the following and submit with your application:

LICENSURE BY EXAMINATION DOCUMENTS:

- ✓ Copy of Dental Hygiene Diploma (If a diploma has not been issued, a letter from the dean of the school of dental hygiene attesting to the program of study and that graduations status was attained, may be substituted in lieu of the diploma)
- ✓ Copy of WREB or CRDTS examination card
- ✓ Copy of State license/s that was or is held for any professional licensed occupation in this or any other state
- ✓ Copy of current CPR card

LICENSURE BY CREDENTIALING DOCUMENTS:

- ✓ Copy of Dental Hygiene Diploma (If a diploma has not been issued, a letter from the dean of the school of dental hygiene attesting to the program of study and that graduations status was attained, may be substituted in lieu of the diploma)
- ✓ Copy of State license/s that was or is held for any professional licensed occupation in this or any other state
- ✓ Copy of current CPR card

VOLUNTEER PERMIT DOCUMENTS:

- ✓ Copy of diploma showing graduation from an accredited CODA approved dental school
- ✓ Copy of the National Board Dental Examination showing passage
- ✓ If the applicant has not practiced in the last five years the applicant shall submit:
 - Copy of a clinical examination that has been passed in the last five years; or
 - Verification that the application has taken an approved clinical competency course or skills assessment analysis
- ✓ Completed Volunteer License Statement form included in application packet

**NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS
ADDITIONAL DOCUMENTS TO BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED
COMPLETE**

LICENSURE BY EXAMINATION ADDITIONAL DOCUMENTS:

- ◆ **National Practitioner Data Bank (NPDB) self-query.** This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office.
- ◆ Official transcripts sent directly from an approved dental hygiene school
- ◆ Original National Board Examination Score Card sent directly from the Joint Commission on Examinations (If a card has not already been requested to be sent to Montana you may obtain one by calling 312-440-2500)
- ◆ License verification/s sent directly from the state/s where you have held or hold a license verifying that there has been no disciplinary action on your license sent directly to the Board office
- ◆ Two reference letters of moral character (Relatives may not be used as references)
- ◆ Check or money order for the appropriate fees

LICENSURE BY CREDENTIALING ADDITIONAL DOCUMENTS:

- ◆ **National Practitioner Data Bank (NPDB) self-query.** This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office.
- ◆ Official transcripts sent directly from an approved dental hygiene school
- ◆ Original National Board Examination Score Card sent directly from the Joint Commission on Examinations (If a card has not already been requested to be sent to Montana you may obtain one by calling 312-440-2500)
- ◆ License verification/s sent directly from the state/s where you have held or hold a license verifying that there has been no disciplinary action on your license sent directly to the Board office
- ◆ Three reference letters of moral character (Relatives may not be used as references)
- ◆ Verification of passage of a clinical examination
- ◆ Check or money order for the appropriate fees
- ◆ Completed Practice Verification Form (500 hours of practice) (Included with application)

CLINICAL EXAM INFORMATION:

- ✓ A WREB regional/clinical examination, or a CRDTS regional/clinical examination (on or after January 1, 2000 for CRDTS) must be successfully passed for licensure by examination.
- ✓ Application for the WREB regional exam can be obtained by writing or calling:

WESTERN REGIONAL EXAMINING BOARD
9201 NORTH 25th AVE SUITE 185
PHOENIX, AZ 85021
(602) 944-3315 www.wreb.org

- ✓ Application for the clinical examination must be filed directly with the Western Regional Office at the above address. The Western Regional Office establishes the dates and testing sites. The clinical examination must be passed prior to making application for licensure by examination in the State of Montana. **WESTERN REGIONAL IS NOT A LICENSING AGENCY.**
- ✓ An application for the CRDTS regional exam can be obtained by calling:

CENTRAL REGIONAL DENTAL TESTING SERVICE
1725 SW GAGE BLVD
TOPEKA KS 66604-3333
785-273-0380 www.crdts.org

- ✓ Application for the clinical examination must be filed directly with the Central Regional Office at the above address. The Central Regional Office establishes the dates and testing sites. The clinical examination must be passed prior to making an application for licensure by examination in the State of Montana. The CRDTS is valid from January 1, 2000 for initial licensure. **CENTRAL REGIONAL IS NOT A LICENSING AGENCY.**

APPLICATION PROCEDURES

- ◆ When a routine application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

JURISPRUDENCE EXAMINATION INFORMATION:

- ALL APPLICANTS SHALL PASS A MONTANA **JURISPRUDENCE EXAM AFTER APPROVAL** OF THE APPLICATION AND BEFORE RECEIVING A DENTAL LICENSE. **Applicants will be notified by mail when the application is approved and a jurisprudence exam will be sent with the notification. This is an open book exam and applicants are strongly encouraged to use the laws and rules for study and reference.**
- The examination covers the statutes and rules for the practice of dentistry, dental hygiene and denturistry.
- The copy of the laws and rules are on our web site at www.discoveringmontana.com/dli/den. **PLEASE DOWNLOAD ALL** the laws and rules that pertain to the Board of Dentistry.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete and approved which takes approximately 10 days, the applicant will be sent the jurisprudence examination.
- ◆ The applicant will be notified in writing of any deficient or missing items in the application file. This delay may effect the processing time.
- ◆ When the examination has been corrected and passage is confirmed, a license may be issued to the applicant. Time for processing the final license depends on the applicant turnaround time on the jurisprudence take home examination.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ All non-routine applications may take up to 120 days for processing.
- ◆ The Montana Board does not have temporary licensure for dental hygienists

For information with regard to the processing of this application or other concerns please contact the Board of Dentistry at 406-841-2390 or email us at dlibsdden@mt.gov.

PLEASE BE SURE TO DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF DENTISTRY FOR THE JURISPRUDENCE EXAMINATION WEBSITE ADDRESS: www.dentistry.mt.gov

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AFFIX PHOTO
HERE

PASSPORT SIZE

Application for Licensure as a dental hygienist:

☐ **Exam** ☐ **Credentialing** ☐ **Volunteer**

Allow 10 days for processing from the date the Board has a complete routine application.

1. FULL NAME: _____
Last First Middle

2. OTHER NAME (S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State
☐ MALE
☐ FEMALE

9. LICENSE NAME _____
(State your name, as it should appear on the license if granted.)

10. Which exam did you take for initial licensure?

☐ WREB Year Taken _____ ☐ CRDTS Year Taken _____

☐ OTHER (indicate which exam) Year Taken _____

11. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. ☐ Yes ☐ No
13. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
14. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No
16. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No
17. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No

20. Have you any physical or mental condition, which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you used alcohol or any other mood-altering substance in a manner, which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

22. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Diploma Received
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

23. **PRACTICE HISTORY:** List **all** practice after dental hygiene school in chronological order, up to and including the present. Specify nature of activity. Use additional paper if necessary.

Name & Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

24. PROFESSIONAL & CHARACTER REFERENCES.

Please type or print names and addresses of three references, who have known you or associated with you for a minimum of one year.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Dentistry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 7).

Legal signature of Applicant

Date

(Please Type or Print):

Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of _____. Your response will be kept confidential.

Name of reference: _____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: _____

Do you consider this applicant worthy of approval to practice as a _____ in Montana? _____

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed): _____

Signature of Reference

Date

The Applicant and the Board thank you for your assistance.

State Board: _____ Date: _____

VOLUNTEER LICENSE STATEMENT

I will not accept any fees, payment or other remuneration for any and all services that I provide while a holder of a Volunteer Dental Hygiene License in Montana.

I hereby declare under penalty of perjury that I will abide by the above statement during the time I hold the Volunteer license. In signing this statement, I am aware that a false statement or accepting payment could result in revocation of my license based upon the board statute and rules. I have read and I am familiar with the applicable dental licensure laws and rules of the State of Montana and will abide by them.

Legal Signature of Applicant

Date

Subscribed and sworn to by me this _____ day of _____, _____, at

City/State

SEAL

Signature of Notary Public

Notary Public Printed Name

For the State of

My commission expires _____, _____

DENTAL HYGIENE LOCAL ANESTHESIA APPLICATION

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

PERMIT BY EXAMINATION

All applicants MUST HAVE PASSED THE Western Regional Examining Board (WREB) Local Anesthesia Examination to qualify for a Local Anesthesia Permit.

Please answer the following questions

- 1) Are you currently licensed in the State of Montana as a dental hygienist? _____
- 2) Are you in the process of applying for a Montana dental hygiene license? _____

_____ **If you have passed the WREB Local Anesthesia examination within the last five years, please send a copy of the examination certificate with this application, along with the check for the appropriate fee. DO NOT COMPLETE THE SECTION BELOW.**

PERMIT BY CREDENTIALING

_____ **If it has been longer than 5 years since you have passed the WREB Local Anesthesia examination:**

YOU MUST SUBMIT VERIFICATION of successful completion of a local anesthetic agent course given by a commission on dental accreditation (CODA) accredited dental or CODA accredited dental hygiene school, one of the following will be accepted:

- 1) A letter from the school with the school seal affixed (original, no photocopies).
- 2) A copy of the certificate of local anesthetic agent course completion.
- 3) A copy of the dental or dental hygiene transcript with the local anesthetic agent course recorded.

YOU MUST PROVIDE THE FOLLOWING:

- 1) Copy of successful completion of the WREB clinical local anesthetic agent examination
- 2) Copy or copies of any local anesthetic agent license held in another state/s.
- 3) Written third party verification that the applicant has practiced administering local anesthetic agents within the last five years. (Form is included at the bottom of the page)

I certify that the information submitted and all questions are true and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

(You may copy this portion of the application if you need more than one verification)

VERIFICATION FOR ADMINISTRATION OF LOCAL ANESTHETIC AGENTS WITHIN THE LAST FIVE YEARS:

Name of Dentist/Entity: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Period of Time practicing local anesthetic agents: _____

Signature of Dentist

Date

MONTANA BOARD OF DENTISTRY
301 South Park, 4TH Floor
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2390 FAX (406) 841-2305

DENTAL HYGIENE CERTIFICATION OF HOURS
(Use for CREDENTIAL APPLICANTS, inactive to active practice, expired or volunteer license)

NAME: _____

DATE: _____

You MUST verify that you have been working 500 hours prior to application.

Employer name: _____

Dates Worked: From: _____ To: _____

☐ Full-time OR ☐ Part-time AND Hours per week: _____

Employer Signature: _____ Dated: _____

If the applicant had more than one employer during this period of time, the applicant should make copies of this form and have each employer verifying the work experience on this form.

Employer's Address

Employer's Telephone Number

I hereby declare under penalty of perjury the information submitted on this form is true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

Applicant's Signature

Dated

DENTAL HYGIENE LIMITED ACCESS PERMIT APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LICENSE NUMBER: _____

1. You must have an active, unrestricted Montana Dental Hygiene license to apply for a limited access permit. Please provide your license number: _____
2. Do you have any restrictions on your Dental Hygiene license?
NO _____ YES _____ If yes, please provide a written explanation of the restriction and any documentation pertaining to the restriction.
3. Provide the name of your current liability insurance carrier, policy number and expiration date of the policy.
Carrier: _____
Policy Number: _____ Expiration date: _____
4. Provide copies of certificates of attendance of 12 additional continuing education credits for the three-year cycle immediately preceding this application.
5. Please document below at least 2400 clinical hours over the last three years, or a career total of 3000 hours, including a minimum of 350 hours in each of the last two years.

Employer	Place of Employment	Clinical Hours per year	Employment Start date	Employment End date

If you need additional space please attached your information to the application

- All approved Limited Access Permit holders will be sent a new computer generated license. Your permit endorsement will be listed on your license.
- You will be required to maintain 12 additional hours of continuing education credits (this includes the 36 hours needed for your Dental Hygiene license) for each three-year cycle succeeding initial issuance of a permit.

- Applications will not be processed without the appropriate fees, required documents and a signed and notarized application form.

AFFIDAVIT

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable dentistry licensure laws of the State of Montana and instructions to applicants for licensing.

Legal Signature of Applicant

Date